



REQUEST FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number (Optional)

TTV-009C3CN2

In re Application of Hermann BUJARD *et al.*

Application Number

09/874389-Conf. #5305

Filed

June 4, 2001

For

TRANSGENIC ORGANISMS HAVING TETRACYCLINE-
REGULATED TRANSCRIPTIONAL REGULATORY SYSTEMS

Art Unit

1632

Examiner

Shukla, Ram R.

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- | | |
|--|-----------|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$ _____ |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$ _____ |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ 950.00 |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$ _____ |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ _____ |

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 12-0080

I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☐ attorney or agent of record. Registration Number _____

☒ attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a) _____

36,683

July 16, 2004

Date

(617) 227-7400

Telephone Number

Signature

DeAnn F. Smith

Typed or printed name

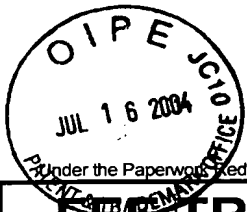
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

☐ Total of 1 forms are submitted.

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EL 982742956 US, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: July 16, 2004

Signature:  (DeAnn F. Smith)



<h1>FEE TRANSMITTAL</h1> <h2>for FY 2004</h2> <p><i>Effective 10/01/2003. Patent fees are subject to annual revision.</i></p>		Complete if Known		
		Application Number	09/874389-Conf. #5305	
		Filing Date	June 4, 2001	
		First Named Inventor	Hermann BUJARD	
		Examiner Name	Shukla, Ram R.	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	1632	
TOTAL AMOUNT OF PAYMENT (\$)		1,546.00	Attorney Docket No.	TTV-009C3CN2

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)			
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES			
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 12-0080 Deposit Account Name: Lahive & Cockfield, LLP					
The Director is authorized to: (check all that apply)					
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments					
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)					
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.					

FEE CALCULATION					
1. BASIC FILING FEE					
Large Entity	Small Entity				
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001 770	2001 385			Utility filing fee	
1002 340	2002 170			Design filing fee	
1003 530	2003 265			Plant filing fee	
1004 770	2004 385			Reissue filing fee	
1005 160	2005 80			Provisional filing fee	
SUBTOTAL (1) (\$)					0.00
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE					
Total Claims	34	-20** =	14	x	18.00 = 252.00
Independent Claims	7	-3** =	4	x	86.00 = 346.00
Multiple Dependent					
Large Entity	Small Entity				
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	
1202 18	2202 9			Claims in excess of 20	
1201 86	2201 43			Independent claims in excess of 3	
1203 290	2203 145			Multiple dependent claim, if not paid	
1204 86	2204 43			** Reissue independent claims over original patent	
1205 18	2205 9			** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2) (\$)					596.00
**or number previously paid, if greater; For Reissues, see above					

SUBMITTED BY		(Complete if applicable)	
Name (Print/Type)	DeAnn F. Smith	Registration No. (Attorney/Agent)	36,683
Signature		Telephone	(617) 227-7400
		Date	July 16, 2004

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